

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588195

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		1				
5		1				
6	1					
7		1				
8						
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17						
18						
19						
20						
21	1					
22		1				
23			1			
24				1		
25					1	
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42						
43			1			
44				1		
45					1	
46						1
47						
48						
49						
50						
TOTAL IND.	3	↓	3	↓		↓
TOTAL DEP.	21	←	19	←		←
TOTAL CLAIMS	24		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						